

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1141 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam Folly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 8 Years, 4 Months, 4 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1239 Bot Avenue

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infant
Convulsions

Duration of Last Sickness, 4 Day^s

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 11th 1887

Undertaker, Chas. H. Jones M. D.

Place of Business, 715 Light Address, 301 Harrison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11142 Office of Registration of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Dippel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 Years, 4 Months, 20 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give Street and Number. } 1739 Eastern Ave

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Malarial fever
Prostration

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 12 1887

Undertaker, W. Sanderson

Place of Business, 1710 Center Ave Address, 418 S. Paca St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1143 Office of Registrar of Vital Statistics. Ward 2¹

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelius John F. Stadlander

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, 9 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 808 S. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Internal Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 11th 1887

Undertaker, H. Sander John H. Rehberger M. D. Medical Attendant.

Place of Business, 700 Canton St. Address # 1709 Chestnut

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1144

Office of Registrar of Vital Statistics.

Ward 44

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1888

Full Name of Deceased, Nicholas Lutz
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or Female~~, male
{ Cross out the word not required in this line. }

Age, Years, Months, 19 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Widow
{ Cross out the words not required in this line. }

Occupation, Baltimore City

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

Place of Death, 310 Albernale st
{ Give Street and Number. }

Cause of Death, Marasmus
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's am

Date of Burial, July 11th 1888

Undertaker, A. Gander & son

Place of Business, 710 Canton av

P. G. Dausch M. D.
Medical Attendant
Address, 1727 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1145 Office of Registrar of Vital Statistics.

Ward 4

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1887

Full Name of Deceased, Lizzie Lutz
{ Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Female
{ Cross out the word not required in this line. }

Age, 42 Years,

7 Months,

Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

married

Occupation, none

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 33 years

Place of Death, 310 Alameda St.
{ Give Street and Number. }

Cause of Death, Enteritis
{ First (Primary), Second (Immediate), }

Shock

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem.

Date of Burial, July 11 1887

Undertaker, W. S. Sander

Place of Business, 1710 Canton Ave.

J. G. Dausch M. D.

Medical Attendant.

1727 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1146

Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Ann Trumble

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, 5 Months, 11 Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Wife

Occupation, Wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, { Give Street and Number. } 377 A Carrollton Ave.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Morbus.
Coma

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, July 12th 1887

Undertaker, Stewart & Mowen John Pennington M. D. Medical Attendant.

Place of Business, 215 & 217 Park Ave Address, 305 A Carrollton Ave

Met Royal & Boundary aues

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1147 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Brooks

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, trailer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } 1025 Jenkins Alley

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12, 1887

Undertaker, Adolph Hensley

Place of Business, 540 Orchard

A. M. Heall M. D.

Medical Attendant.

Address, 1017 D. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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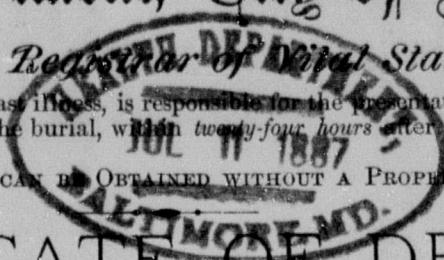
[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1148 Office of Registrar of Vital Statistics. Ward 14

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 10, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rhoda Seymour

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 80 Years, Months, Days.

Color, Culored.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Accomac Co, Va.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give Street and Number. } 623 Gilbert St.

Cause of Death, { First (Primary), Second (Immediate), } Organic Heart Disease

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Wanless Cemetery

Date of Burial, July 11th 1887

{ Undertaker, C. B. Long } John T. King M. D. Medical Attendant.

{ Place of Business, 1408 Pennsylvania Ave. } Address, 640 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1149

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A 1887 CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William J. Hammond

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

18

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Bath

Duration of Residence in the City of Baltimore,

all his life

Place of Death,

{ Give Street and Number. }

176 W Cross St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

July 11th 1887

Undertaker,

Julius Kaehler

Place of Business,

Sharp & Cross St

Address,

378 Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1150 Office of Registrar of Vital Statistics. Ward 7

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter A Anton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 10 Minutes

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 1004 E Biddle st

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, July 11th 1887

Undertaker, H. Hreck & Son James A Stearns M. D.

Place of Business, N Central Address, Cornwall & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Henry A McKeen Inspector

[OVER.]